TRA	VEL	- VOI	JCHER C	R SI	JBVOU	CHER							uctions on back before com ncil. If more space is need		
1. PAYMENT REQUIRED BY (X one) 2. TYPE OF PAYMENT (X as					NT (X as a	pplicable)					3. FOR D.O. USE ONLY				
CASH CHECK TDY/TAD					PCS					a. D.O. VOUCHER NUM	IBER				
E	LECTI	RONIC FL	JND TRANSFER		OTHER		M Ei	ember/ mployee		Dep	pendent(s)	DLA			
4. NAME (Last, First, Middle Initial) (Print or type)							6	6. SSN			b. SUBVOUCHER NUM	BER			
7. ADDRESS. a. NUMBER AND STREET b. CITY				Y	c.			:. STAT	STATE d. ZIP CODE		c. PAID BY				
8. TELEPHONE NUMBER (include Area Code)  9. TRAVEL ORDER NUMBER				NUMBER	R 10. PRE			S PAYI	MENTS/ADV	ANCES					
11. ORGAI	NIZATI	ON AND	STATION	!				1							
12. DEPEN	IDENT	(S) (X ar	d complete as ap	plicable)	)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)						1		
AC	COMP	ANIED			UNACCOMPA										
a. NAN	1E (La	st, First, I	Middle Initial)	b. RELATIONSHIP C. DA			: OF BIRTH ARRIAGE								
								14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?							
								14. HAV	ne)	SERU					
								YES NO (Explain in Remarks)					d. COMPUTATIONS		
15. ITINER		10041		- DI	105	r	d.		-			1			
a. DATE 19		LOCAL ME (24		fice, Bas	ACE e, Activity, City		MEANS/ MODE OF	e. REASOI	ν —		OF MEALS	g.			
19		hour)	State;	City and	d Country, etc.)	)	TRAVEL	FOR STO	G	(1) iov't	(2) Ded	POC MILES			
	DEP								(B-	-L-D)	(B-L-D)				
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	DEP												e. SUMMARY OF PAY	MENT	
	ARR		_			ļ							(1) Per Diem		
	DEP	-											(2) Actual Expense Allo	wance	1
	ARR	1								T			(3) Mileage		
16. REIMB	_	BLE EXP							=	_	LEAVE	b. HOURS	(4) Dependent Travel		
a. DAT	<u> </u>		b. NATURE OF	ATURE OF EXPENSE			OUNT	d. ALLO	d. ALLOWED		AYS	D. HOURS	(5) DLA		
											AKEN BETV	VEEN	(6) Reimbursable Experiment (7) Total	ises	
										- 0. 1	AKLIN DL I V	VLLIN	(8) Less Advance		
										d. A	ND		(9) Amount Owed		
										1			(10) Amount Due		
18. POC T	RAVE	(X one)	0/	NN/OPF	RATE		PASSENG	FR		19. (	GOVERNME	NT TRANSPORTA	ATION REQUEST (GTR)/M	ILITAI	RY TRANSPORTATION
18. POC TRAVEL (X one) OWN/OPERATE PA  20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY THE GOVERNMENT.									a. GTR/MTA NO.		b. FROM		c. TO		
	OVING	OFFICE	₹											$\dashv$	
21.a. CLAIMANT SIGNATURE b. DATE							22.a. /	APPRO	VING OFFI	CER SIGNATURE		$\exists$	<b>b</b> . DATE		
23 ACCO	INTIN	G CL ASS	SIFICATION												
23. ACCO	JNIIN	G CLASS	BIFICATION												
24. COLLE	СТІОІ	N DATA													
25. COMP	UTED	ВҮ	26. AUDITED B	Y	27. TRAVEL POSTED	ORDER BY	28. RE	CEIVED (F	Payee S	ignatuı	re and Date	or Check No.)		29. <i>A</i>	AMOUNT PAID

# **PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical

identification system for individual claims.

**ROUTINE USE(S)** To substantiate claims for reimbursement for official travel.

**DISCLOSURE:** Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

## PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

## **INSTRUCTIONS**

### REQUIRED ATTACHMENTS

- Original and/or legible copies of all travel orders and amendments, as applicable.
- Two copies of dependent travel authorization if issued.
- Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
- Copy of GTR or ticket used.
- Hotel/motel receipts and any item of expense claimed in excess of \$25.00.
- Other attachments will be as directed.

#### DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, Vol. 1 App. A and JTR, Vol. 2 App. D for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

#### ITEM 15. ITINERARY - SYMBOLS

15d. Means/Mode of Travel (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation	- C	Bus	- B
(Own expense)		Plane	- P
Privately Owned Conveyance		Rail	- R
(POC)	- P	Vessel	- V

15e. Reason for Stop

Awaiting Transportation	- AT
Leave En Route	- LV
Mission Complete	- MC
Authorized Delay	- AD
Temporary Duty	- TD

15f. Number of Meals

Breakfast - B Lunch - L Dinner - D

#### 30. REMARKS